

STEP-DRAWDOWN PUMP TEST DATA

(not required for wells producing < 100,000 gpd or 70 gpm)

Pumped Well No. _____

Observation well no. _____

Pumped Well Name _____

Distance between Obs. & Pumped Well _____ ft.

Target Q _____ gpm

Reference pt. for depth to water _____ ft. msl

Static Water Level @ start of test _____ ft. msl

Water level measurements by: ☐ steel tape ☐ pressure transducer ☐ airline

START TEST Date: _____ Time of day: _____

Flow Meter Reading Start: _____ gals

Suggested Elapsed time t (min)	Actual Elapsed Time t (min)	Depth to water (nearest 0.1 ft)	Drawdown S (unadjusted to nearest 0.1 ft)	Pumping rate Q (at least 3 steps) (gpm)	EC (μmhos)	Cl⁻ (mg/l)	Temp. ____ ° F or ____ ° C	Data in this table is for: <input type="checkbox"/> Pumped Well <input type="checkbox"/> Observation Well Remarks
-45				0			.	Start test/ Step 1
-30				0			.	
-15				0			.	
0				¹			.	Start pump
1							.	
1.5							.	
2							.	
2.5							.	
3							.	
4							.	
5							.	
6							.	
7							.	
8							.	
10							.	
15							.	
20							.	
25							.	
30 ²						³	.	Chloride sample taken
							.	Step 2 begin?
							.	
							.	
							.	
							.	
							.	

Table 1 (SDPTD Form 12/17/97)[illegible]

Table 1 (SDPTD Form 12/17/97)[illegible]¹ starting pumping rate Q $\frac{2}{3}$ minimum length of step period of constant pumping rate

³ minimum mandatory Chloride (Cl⁻) measurement/sampling at end of every step

⁴ Use same ending drawdown figure as start for recovery

Table 1 (SDPTD Form 12/17/97)

Suggested elapsed time t (min)	Actual elapsed time t (min)	Depth To Water (nearest 0.1 ft)	Recovery Drawdown S (unadjusted to nearest 0.1 ft)	Pumping rate Q (gpm)	EC (μmhos)	Cl⁻ mg/l)	Temp. ____ ° F or ____ ° C	Data in this table is for: <input type="checkbox"/> Pumped Well <input type="checkbox"/> Observation Well Remarks
0	0			0			.	Pump off, start recovery
1				0			.	
1.5				0			.	
2				0			.	
2.5				0			.	
3				0			.	
4				0			.	
5				0			.	
6				0			.	
7				0			.	
8				0			.	
10				0			.	
15				0			.	
20				0			.	
25				0			.	
30				0			.	
40				0			.	
50				0			.	
60				0			.	
70				0			.	
80				0			.	
90				0			.	
100				0			.	
150				0			.	
200				0			.	
250				0			.	<input type="checkbox"/> 80% recovery achieved <input type="checkbox"/> 80% recovery not achieved

END TEST Date: _____ Time of day: _____

ADDITIONAL REMARKS:

Person in charge of pump test (print): _____

Signature: _____

The signature above indicates that the data reported on this form is accurate and true to the best of the person's knowledge who operated this pump test.

Table 2 (CRPTD Form 12/17/97)

Suggested elapsed time t (min)	Actual elapsed time t (min)	Depth to water (nearest 0.1 ft)	Drawdown s (unadjusted to nearest 0.1 ft)	Pumping rate Q (gpm)	EC (μmhos)	Cl ⁻ (mg/l)	Temp. ____ ° F or ____ ° C	Data in this table is for: <input type="checkbox"/> Pumped Well <input type="checkbox"/> Observation Well Remarks
200							.	
250							.	
300							.	
400						¹	.	Cl ⁻ sample taken
500							.	
600							.	
700							.	
800						¹	.	Cl ⁻ sample taken
900							.	
1000						¹	.	Cl ⁻ sample taken
1500						¹	.	Cl ⁻ sample taken
2000						¹	.	Cl ⁻ sample taken
2500						¹	.	Cl ⁻ sample taken
3000						¹	.	Cl ⁻ sample taken
4000						¹	.	Cl ⁻ sample taken
5000						¹	.	Cl ⁻ sample taken
6000						¹	.	Cl ⁻ sample taken
7000						¹	.	Cl ⁻ sample taken
8000						¹	.	Cl ⁻ sample taken
9000						¹	.	Cl ⁻ sample taken
10000								Max possible duration, water level or quality did not stabilize for any 24 period
			²	0				Begin recovery data next page Flow meter reading at end of pumped period: _____ gals

¹ Chloride sampling required

² Use same ending drawdown figure as start for recovery

Table 2 (CRPTD Form 12/17/97)

Suggested elapsed time t (min)	Actual elapsed time t (min)	Depth to water (nearest 0.1 ft)	Recovery Drawdown S (unadjusted to nearest 0.1 ft)	Pumping rate Q (gpm)	EC (μ mhos)	Cl⁻ (mg/l)	Temp. ____ ° F or ____ ° C	Data in this table is for: <input type="checkbox"/> Pumped Well <input type="checkbox"/> Observation Well Remarks
0	0			0			.	Start recovery
1				0			.	
1.5				0			.	
2				0			.	
2.5				0			.	
3				0			.	
4				0			.	
5				0			.	
6				0			.	
7				0			.	
8				0			.	
10				0			.	
15				0			.	
20				0			.	
25				0			.	
30				0			.	
40				0			.	
50				0			.	
60				0			.	
70				0			.	
80				0			.	
90				0			.	
100				0			.	
150				0			.	
200				0			.	
250				0			.	<input type="checkbox"/> 80% recovery achieved <input type="checkbox"/> 80% recovery not achieved

END TEST Date: _____ Time of day: _____

ADDITIONAL REMARKS:

Person in charge of pump test (print): _____

Signature: _____

The signature above indicates that the data reported on this form is accurate and true to the best of the person's knowledge who operated this pump test.